

**REFLECT**  
**NEUROPSYCHOLOGY**  
 ASSESSMENT • THERAPY • CLINICAL • FORENSIC  
 Dr. Judith L. Friedman, Psy.D. (PSY25712)

## NEUROPSYCHOLOGICAL EVALUATION

<b>CONFIDENTIAL</b>
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**Name:** Sriramloo Kesari  
**Date of Birth:** 6/10/1942  
**Appt. Date(s):** 1/7/2020  
**Age at Testing:** 77  
**Referral Source:** Thopsie Jagannath, M.D.  
**Examiner:** Shina Halavi, Ph.D. & Judith Leone-Friedman, Psy.D.  
**Technician:** Shina Halavi, Ph.D.

### NEUROBEHAVIORAL STATUS EXAM BY PSYCHOLOGIST

#### Identifying Information/Reason for Service

Dr. Kesari is a 77-year-old, right-handed male of Indian/South Asian descent with 19 years of education. He presented with difficulties with memory, speech and language, as well as planning and organization. His primary physician, Thopsie Jagannath, M.D., referred him for a neuropsychological assessment to evaluate his present level of cognitive functioning, to assess for diagnostic impressions, and to assist with treatment planning. The patient was informed of the nature and purpose of the evaluation and limits of confidentiality prior to the clinical interview and administration of neuropsychological and psychological tests.

All relevant history and background information were obtained through a review of medical records from Thopsie Jagannath, M.D., neuropsychological history questionnaire, a clinical interview with Dr. Kesari and his daughter-in-law, Ms. Joslhine Kesari, and additional background information provided by the patient's son, Dr. Santosh Kesari.

#### Presenting Complaint(s) or Symptoms

Dr. Kesari arrived to his appointment on time and was accompanied by his daughter-in-law, who also served as an informant. He presented with a history of gradual decline in cognitive functioning, such as with memory, speech and language, planning and organization, and attention, as well as sleep difficulties. Dr. Kesari described that his memory difficulties have an onset of about 10 years and have become more noticeable in the past two years. Specifically, he endorsed forgetting events, conversation, people's names, and where he leaves things. He added that he repeats himself often and requires repetitive reminding of things. He reported that he occasionally forgets to turn off the stove or close the freezer. Dr. Kesari and his daughter-in-law reported that he relies on his wife to remember to do many things. In terms of speech and language, Dr. Kesari endorsed word-finding difficulties, as well as difficulty with expressive and receptive language in both English as well as his native language. Specifically, he endorsed difficulty expressing his thoughts in an organized way and understanding what others are saying in both his native language, Telugu, as well as in English. He particularly endorsed difficulty understanding "slang." Dr. Kesari also reported that he has had some recent difficulties with reading comprehension and math. Dr. Kesari reported that he seeks help from his wife to do these things. In terms of attention, he reported that he is often highly distractible and loses his train of thought. He added that he has problems with concentrating (particularly while

reading and multi-tasking) and that his mind appears to go blank at times. Dr. Kesari's daughter-in-law confirmed these difficulties.

Dr. Kesari also endorsed a long-standing history of sleep difficulties with onset of over 10 years. He reported that he wakes up multiple times throughout the night and receives about four to five hours of sleep per night. He reported that he is very tired during the day.

In terms of mood, the patient endorsed symptoms of depression and anxiety (see *Psychiatric History* for details). He reported that his mood fluctuates, as his wife is currently going through cancer treatment. Dr. Kesari denied any physical or sensory symptoms. Currently, Dr. Kesari is seeking a neurocognitive assessment in order to evaluate his current cognitive and psychological functioning to aid in treatment planning and care.

### **Activities of Daily Living (ADLs)**

Dr. Kesari denied requiring assistance with carrying out ADLs. In terms of instrumental ADLs (iADLs), he reported that both he and his wife manage their finances and medications together. He reported that they have made some mistakes, such as forgetting to pay some bills. In addition, he reported that he occasionally forgets to take his medications if his wife does not remind him. Dr. Kesari is currently driving. He reported that he gets lost easily if he does not know the way, and he has difficulty concentrating when required to do more than one thing at a time, such as with following the navigation and driving simultaneously.

### **Relevant Medical History**

Please see patient's medical records for a comprehensive list. Briefly, the patient's medical history is significant for:

- Hypertension
- Hyperlipidemia
- Diabetes mellitus
- Hyperthyroidism
- Coronary heart disease
- Hiatal hernia
- Lung nodule
- History of heart attack (2002)
- Surgical History
  - Coronary bypass surgery (2006)
  - Angioplasty (placed 2-3 heart stents; 2002)
  - Gallbladder removal (a few years ago)
    - Complications required six months of recovery and antivirus medications.
- Family history of schizophrenia and heart problems (two siblings)
- No family history of dementia

### **Medical Record Review**

- Magnetic resonance imaging (MRI) brain, dated 1/5/2020, Dr. Srinivas Peddi
  - Impressions indicated, "There is no acute intracranial process. Specifically, there is no acute infarct or mass lesion. There are diffuse nonspecific T2 and FLAIR

hyperintensities in the periventricular and subcortical white matter, not substantially changed from the prior exam, most compatible with stigmata of small vessel disease.”

- MRI brain w/o contrast; dated 7/18/2018; Charleston Area Medical Center; signed by Dr. John Willis
  - Findings indicated, “Diffusion weighted images normal, no restricted diffusion to suggest areas of acute infarct. Numerous scattered areas abnormal high signal T2 weighted and inversion recovery images in the periventricular white matter most consistent with chronic small vessel ischemic changes in elderly patient. Moderate volume loss also, not atypical for age. Again, no acute infarct, hemorrhage, or mass. Paranasal sinuses well aerated.”
  - Impressions indicated, “chronic ischemic changes deep white matter and moderate volume loss, findings not atypical for age. No acute abnormality.”
- Brain PET-CT 1/17/2020:
  - No FDG PET evidence of a progressive neurodegenerative disease process such as Alzheimer’s disease.

### **Medications**

The patient reports that he currently takes the following medications:

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>
• Lisinopril	20 mg	QD (am)
• Carvedilol	6.2 mg	QD (am)
• Glyburide/Metformin	1.25/250 mg	QD (pm)
• Levothyroxine	50 mcg	QD (am)
• Aspirin	80 mg	QD (am)
• Nexium	40 mg	QD (pm)
• Rosuvastatin	20 mg	QD (pm)
• B-Complex Vitamin	Over the counter	BID
• Vitamin D	Over the counter	BID

### **Psychiatric History**

Dr. Kesari’s psychiatric history is significant for symptoms of depression and anxiety, as well as stress. In terms of depressive symptoms, Dr. Kesari endorsed sadness, apathy, fatigue, and feeling unmotivated. He also reported that he experiences anxiety and difficulty sleeping (gets few hours of sleep per night and experiences nightmares).

Per his son’s report, Dr. Kesari is experiencing a lot of stress due to multiple factors, including being his wife’s primary caregiver, experiencing multiple recent deaths in the family, getting poor sleep, and being involved in legal issues. Dr. Kesari’s son reported that Dr. Kesari has been his wife’s primary caregiver since 2012, as she is being treated for cancer. Dr. Kesari expressed that coping with his wife’s health difficulties has been very emotional for him. Dr. Kesari’s son added that the recent deaths in the family (patient’s nephew and brother-in-law), getting poor sleep, and ongoing

legal issues have exacerbated Dr. Kesari's stress levels. Dr. Kesari is not currently receiving psychotherapy.

Dr. Kesari's son reported that Dr. Kesari used to engage in "moderate use" of alcohol consumption during his twenties to his forties, where he consumed about two to three glasses of whiskey a week. Currently, Dr. Kesari reported that he consumes alcohol "occasionally." Dr. Kesari reported that he used to smoke about one to one and a half packs of cigarettes a day from the ages of 18 through 60, until he quit in 2007. He reported that he no longer smokes cigarettes. Dr. Kesari denied a history of substance abuse or alcohol/tobacco abuse and dependence. Dr. Kesari denied past or current suicidal or homicidal ideation.

### **Psychosocial History**

The patient was born in Hyderabad, India. He reported that as far as he knows, he met all of his developmental milestones on time. He denied any academic or behavioral difficulties while growing up. Dr. Kesari reported that Telugu was his primary language and that he learned how to read and write in English in about the 7<sup>th</sup> or 8<sup>th</sup> grade. Dr. Kesari reported contradicting reports in terms of academic performance growing up. Specifically, in the background questionnaire, he reported that he received As and Bs throughout schooling, but during the clinical interview, he reported that he received "below average" grades. Dr. Kesari completed medical school in India. Per his son's report, Dr. Kesari moved to the United States in the 1970s. During his career, Dr. Kesari worked as a medical doctor in family practice. He reported that he retired practicing medicine in June 2019. However, his daughter-in-law reported that he continues to work and is "still very active," as he owns and manages a gas station and convenience store in West Virginia. Dr. Kesari shared that a dream of his is to go back to India and start a charity. He reported that he has three children who are reported to be mostly in good health.

### **Present Living Situation and Daily Routine**

Dr. Kesari currently resides in Charleston, West Virginia with his wife. He reported that he travels to California often to receive treatment for his wife's health issues. His daughter-in-law described him as a "workaholic" and said that he keeps himself very busy during the days. Dr. Kesari reported that his support system includes his family and his children.

### **Mental Status and Behavioral Observations**

Dr. Kesari arrived to his appointment on time and was accompanied by his daughter-in-law, who also served as an informant. Dr. Kesari was casually attired and adequately groomed. He did not display any tremors. He appeared physically stable and ambulated independently. The patient was alert and oriented. No episodes of disorientation or confusion were noted during testing. His mood was euthymic overall, but became dysthymic as he discussed his wife's health issues. He displayed appropriate and congruent affect. He was open during the interview and voluntarily provided background information. He was warm, friendly, and pleasant when interacting with the examiners. His speech was prosodic and meaningful, with no noted paraphasias. However, expressive and receptive language difficulties were noted. Further, occasional word finding difficulties were observed during testing and the clinical interview. Thought processes appeared to be generally concrete with no perseveration noted. Intact awareness and insight were noted, with decreased judgement. No hallucinations were displayed. Eye contact was within normal limits. He denied any current or past history of suicidal ideation or attempts.

Additionally, the patient would often spend a long time to complete tasks, as he was very thorough with his responses. He was able to adequately comprehend directions for all tasks and did not need to be reminded of testing instructions during testing. Overall, Dr. Kesari was cooperative with the tasks presented to him and appeared to put forth his best effort. Therefore, these results are thought to portray a valid representation of his current neuropsychological functioning.

***The following results should be interpreted with the following in mind: The majority of the tests used in the current evaluation were normed on a primarily North American population where the majority of participants spoke English as their primary/ first language. Although Dr. Kesari spoke English fluently (with a heavy accent) during the evaluation, it is not his first language. Therefore, greater emphasis is placed on the patient's non-verbal scores, as verbal scores may be skewed as a result of the reasons outlined above.***

### **Impressions**

Results from the neurobehavioral exam dated 1/7/2020 indicated that testing was medically necessary for the purposes of evaluating the patient's current level of cognitive and emotional functioning as well as to assist with differential diagnosis and treatment planning.

### **RESULTS**

#### **List of Tests Administered:**

Beck Anxiety Inventory (BAI)  
 Beck Depression Inventory, Second Edition (BDI-II)  
 California Verbal Learning Test, Second Edition (CVLT-II)  
 Controlled Oral Word Association Test (COWAT) Category Fluency  
 Dementia Screening Interview (AD8)  
 Delis-Kaplan Executive Function System (D-KEFS), select subtests  
 Dot Counting Test  
 Functional Activities Questionnaire  
 Grooved Pegboard Test  
 Mini Mental Status Exam (MMSE)  
 Rey Osterrieth Complex Figure Test (RCFT)  
 Test of Memory Malingering (TOMM)  
 Texas Functioning Living Scale (TFLS)  
 Trails A & B  
 Victoria Symptom Validity Test (VSVT)  
 Wechsler Abbreviated Scale of Intelligence, Second Edition, (WASI-II)  
 Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV), select subtests  
 Wechsler Memory Scale, Fourth Edition Older Adult Battery (WMS-IV), select subtests  
 Wisconsin Card Sorting Test-64 Card Version (WCST-64)

\*Please see Appendix for descriptions, specific scores and performance ratings.

The measures in this neuropsychological battery were selected in order to evaluate the patient's current self-reported complaints and level of cognitive and psychological functioning. The battery was designed to measure multiple cognitive domains including: General intellectual functioning, mental status, academic achievement, motivation and effort, attention and concentration, processing speed, psychomotor functioning, language, verbal memory, nonverbal memory, visuospatial abilities,

executive functioning, motor functioning, personality and mood functioning, as well as adaptive behavior.

Where possible, standardized measures of performances (e.g., percentiles and/or standard scores) are provided. These standardized scores reflect how the patient's performances compare with individuals who share certain demographic characteristics (particularly age), and are interpreted in the context of his developmental and educational history.

*The raw scores obtained across tasks are converted into percentile (%) scores, which reflect the percentage of people in the general population who attain a lower score; it can be interpreted as indicating that the individual scores "better than X% of peers who take the same test." To facilitate interpretation and comparison of these values, the percentile ranks are classified into descriptive ranges. The ranges used in this evaluation are outlined as follows:*

*98<sup>th</sup> percentile & above = Very Superior*

*91<sup>st</sup> – 97<sup>th</sup> percentile = Superior*

*75<sup>th</sup> – 90<sup>th</sup> percentile = High Average*

*25<sup>th</sup> – 74<sup>th</sup> percentile = Average*

*9<sup>th</sup> – 24<sup>th</sup> percentile = Low Average*

*3<sup>rd</sup> – 8<sup>th</sup> percentile = Borderline Impaired*

*2<sup>nd</sup> percentile & below = Impaired*

#### SUMMARY & CONCLUSIONS:

Dr. Kesari is a 77-year-old, right-handed male of Indian/South Asian descent with 19 years of education. He presented with difficulties with memory, speech and language, as well as planning and organization. His primary physician, Thopsie Jagannath, M.D., referred him for a neuropsychological assessment to evaluate his present level of cognitive functioning, to assess for diagnostic impressions, and to assist with treatment planning.

The patient's performance was within *normal limits* and *valid* on *all* independent and imbedded measures designed to detect suboptimal effort. Taken together, these results suggest that the patient put forth sufficient and adequate effort. Therefore, the results presented below are thought to portray a valid representation of his current neuropsychological functioning.

Estimates of Dr. Kesari's premorbid abilities, based upon formal assessment measures as well as educational and occupational history, are thought to be in the Average range. Additionally, Dr. Kesari was administered a short test of global cognitive functioning and scored 26/30 (MMSE). This score placed him within normal limits. He lost one point for attention and concentration, two points for recall, and one point for repetition. However, results from the current evaluation suggest that *measures across a number of cognitive domains fall significantly below expectation*. Of particular concern are measures of language, visual perception, attention, verbal and visual memory, and executive function.

More specifically, neuropsychological assessment results revealed a scattered profile with variable performance across a number of cognitive domains, including verbal and visual memory, attention, language functioning, and select executive functioning skills. Additionally, Dr. Kesari's overall intellectual functioning placed him in the Low Average range (WASI-II Full-Scale-4 IQ=87, 19<sup>th</sup>

%ile). This decline in intellectual functioning is likely due to impairment in the number of cognitive domains listed above, rather than actual declines in intellectual ability, per se.

In terms of memory functioning, Dr. Kesari struggled somewhat with both verbal and non-verbal memory. His performance was notable for difficulties with the initial encoding of contextualized and de-contextualized verbal information, as well as delayed free recall. However, he was moderately helped by cues, and was able to learn and retain some information after several repetitions.

Executive functioning is defined as an individual's ability to plan, organize, sequence, and manage information in order to participate in effective problem solving or goal attainment. Many of the complex attention skills mentioned previously are closely tied to executive functioning. Dr. Kesari scored well-below expectation on a number of executive functioning tasks. For example, Kesari performed in the Borderline range on a divided attention task requiring sequencing numbers and letters of the alphabet in alternating fashion (Trails B). In addition, on a task requiring inhibition of competing overlearned responses (DKEFS: Color-Word (Inhibition/Switching), Dr. Kesari performed in the Impaired range, suggesting difficulty with set shifting and the inhibition of overlearned responses. Finally, Dr. Kesari could only complete two out of six categories on a complex problem-solving task involving cognitive flexibility, hypothesis testing, and set-shifting (WCST). He demonstrated many errors on this task, with performance that was placed in the Borderline range.

Finally, Dr. Kesari's performance placed in the Borderline range (8<sup>th</sup> %ile) overall on a test of functional living skills, and is suggestive of a need for help with independent daily living skills such as medication and financial management.

Overall, the current results likely reflect several etiological factors working in combination. The executive dysfunction, auditory and visual memory difficulties, and difficulties with language, visual perception, and attention, coupled with a decline in instrumental activities of daily living (declines in financial management, medication management, etc.), warrant a diagnosis of dementia at this time. Dr. Kesari meets diagnostic criteria for *mild dementia*, according to the Global Deterioration Scale criteria and demonstrates deficits across multiple cognitive domains. This pattern of scattered cognitive decline, with variable performance within domains, as well as a history of vascular changes in the brain (MRI impressions, dated 1/5/2020, by Dr. Srinivas Peddi indicated, "...most compatible with stigmata of small vessel disease;" MRI impressions, dated 7/18/2018, signed by Dr. John Willis indicated, "...chronic ischemic changes deep white matter and moderate volume loss, findings not atypical for age") and significant cardiovascular risk factors (i.e., hypertension, hyperlipidemia, diabetes mellitus, hyperthyroidism, and history of heart disease and heart attack) are most consistent with a diagnosis of **Vascular dementia without behavioral disturbance (F01.50)** at this time.

## RECOMMENDATIONS

1. It is recommended that Dr. Kesari share this report with all of his physicians in order to better guide treatment and maintain continuity of care.

2. The patient should continue to work with Dr. Jagannath and his other medical providers to monitor and control his medical conditions, including his cardiovascular risk factors and mood symptoms.
3. Given Dr. Kesari's sleep difficulties, it is important that he seek a sleep study to clarify diagnostic impressions and help with treatment recommendations.
4. It is important that Dr. Kesari seek **weekly individual psychotherapy** to help address his mood difficulties and stressors. A psychotherapist can help Dr. Kesari alleviate his mood difficulties by offering coping resources and helping him examine his thinking patterns. A psychotherapist can also teach relaxation techniques to help alleviate his anxiety and improve his quality of sleep.
5. It is recommended that Dr. Kesari join a **caregiver support group** to address the stresses and mood difficulties that are associated with caring for a loved one with an illness. Joining a support group can provide the opportunity to socialize and bond with people going through similar situations.
6. For his difficulties with executive functioning, Dr. Kesari is encouraged to utilize a variety of compensatory strategies. For example, breaking up large amounts of information and complex tasks into smaller, more manageable parts will enhance encoding of information and completion of projects. In addition, rehearsal and repetition of visual and auditory information will help with the encoding of new information. The use of external memory aids (i.e., checklist of daily tasks, lists identifying location of household items, calendars, reminder notes, etc.) would also help to free up cognitive resources and enhance recall.
7. It is recommended that Dr. Kesari seek **cognitive rehabilitation therapy** to help treat and address his cognitive difficulties (i.e., difficulties with executive function and psychomotor speed). Below is the contact information for a cognitive rehabilitation center.
  - OTOL Rx Cognitive Rehab Specialists  
13636 Ventura Blvd., #420  
Sherman Oaks, CA 91423-3700  
818-763-9997 or 800-380-OTOL (6865)
8. "Memory Places:" as Dr. Kesari reported that he misplaces items, he is encouraged to designate a container or surface such as a shelf or table where he can place his personal items that he frequently loses track of, and to practice getting in the habit of always returning these objects to their designated area after use so that he always knows where to find them.
9. The patient should try to stay active and participate in social activities. Increased activity and responsibility can provide a sense of purpose in life, facilitate maintenance of independence, and improve overall quality of life (i.e., Savvy Seniors: <http://www.cityofcalabasas.com/savvy-seniors.html> and/or Senior Concerns: <http://www.seniorconcerns.org>). The patient should talk to his providers to determine a program of exercise that would be right for him.

10. Dr. Kesari continues to possess some cognitive assets and he and his family may benefit from feedback and education regarding his specific profile of cognitive strengths and weaknesses and the implications of the cognitive weaknesses on his day-to-day functioning. With this knowledge, he (with the aid of his family) can better structure his daily activities to capitalize on his cognitive strengths and de-emphasize or seek external assistance for those areas that are more difficult for him.
11. Current results will serve as a baseline. He should be referred for repeat neuropsychological assessment after 1.5-2 years (or earlier if needed) to document any changes in cognitive status.

Thank you for this interesting referral. If I can be of further assistance, please feel free to contact me at (818) 324-3800.



1/21/2020

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Judith Leone-Friedman, Psy.D.  
Licensed Psychologist  
Clinical Neuropsychologist  
PSY 25712

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Date



1/21/2020

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Shina Halavi, Ph.D.  
Technician

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Date

**APPENDIX  
TEST RESULTS**

<b>TEST/DOMAIN</b>	<b>Raw</b>			<b>Interpretation</b>
<b>Gross Cognitive Functioning</b>				
MMSE (-1 attention and calculation, -2 recall, -1 repetition)	26/30	-	-	WNL
<b>Effort</b>				<b>Interpretation</b>
Victoria Symptom Validity Test	-	-	-	-
Easy Items Correct	24/24	-	-	Valid
Difficult Items Correct	12/24	-	-	Valid
Total Items Correct	45/48	-	-	Valid
CVLT-II Forced Choice Recognition	16/16	-	-	WNL
Dot Counting Test				
E-Score	10.16	-	-	WNL
TOMM				
Trial 1	49/50	-	-	Valid
Trial 2	50/50	-	-	Valid
Retention	49/50	-	-	Valid
<b>Intellectual Functioning</b>	<b>Sum scaled scores</b>	<b>Composite</b>	<b>%ile</b>	<b>Interpretation</b>
WASI-II FSIQ-4	172	87	19	Low Average
WASI-II FSIQ-2	78	81	10	Low Average
WASI-II VCI	84	87	19	Low Average
WASI-II PRI	88	90	25	Average
<b>Language</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
WASI-II Similarities	23	T = 45	32	Average
WASI-II Vocabulary	25	T = 39	14	Low Average
COWAT Category Fluency	17	Z = 0.23	53	Average
<b>Visual Perceptual</b>	<b>Raw</b>	<b>T-Score</b>	<b>%ile</b>	<b>Interpretation</b>
WASI-II Block Design	24	49	47	Average
WASI-II Matrix Reasoning	8	39	14	Low Average
RCFT Copy	33	-	>16	WNL
<b>Attention/Concentration</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
WAIS-IV Digit Span Total	19	8	25	Average
Digit Span Forward	7	7	16	Low Average
Digit Span Backward	6	8	25	Average
Digit Span Sequencing	6	9	37	Average

Longest Forward	5	-	BR = 95.0	-
Longest Backward	4	-	BR = 76.0	-
Longest Sequence	4	-	BR = 84.0	-
<b>Psychomotor Speed</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
WAIS-IV Coding	33	8	25	Average
D-KEFS TMT, Motor Speed	50	10	50	Average
<b>Verbal Memory</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
WMS-IV Logical Memory I	20	7	16	Low Average
WMS-IV Logical Memory II	6	6	9	Low Average
WMS-IV Logical Memory II Recognition	16	-	26-50	Average
<b>CVLT-II</b>				
Trial 1	4	Z = -1	16	Low Average
Trial 5	0	Z = -0.5	32	Average
Trials 1-5 Total	32	T = 45	32	Average
Total Learning Slope Trials 1-5	1.3	Z = 0.5	68	Average
Short delay free recall	6	Z = -0.5	32	Average
Short delay cued recall	5	Z = -1.5	7	Borderline
Long delay free recall	7	Z = 0	50	Average
Long delay cued recall	7	Z = -0.5	32	Average
Total Hits (Y/N)	15	Z = 0.5	68	Average
Total False Positives (Y/N)*	13	Z = -2.5	1	Impaired
<b>Visual Memory (non-verbal)</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
RCFT (3' min.) Immediate Recall	8.0	T = 42	21	Low Average
RCFT (30' min.) Delayed Recall	10.0	T = 46	34	Average
RCFT Recognition	20	T = 50	50	Average
WMS-IV Visual Reproduction I	28	10	50	Average
WMS-IV Visual Reproduction II	7	7	16	Low Average
WMS-IV Visual Reproduction II Recog.	5	-	51-75	Average – High Average
<b>Executive Functioning</b>	<b>Raw</b>	<b>Scaled Score</b>	<b>%ile</b>	<b>Interpretation</b>
Trails A: Numbers* (Errors: 0)	56	Z = -0.93	18	Low Average
Trails B: Numbers and Letters* (Errors: 1)	178	Z = -1.75	4	Borderline
<b>DKEFS Color-Word Interference Test</b>				
DKEFS: Color Naming (Errors: 1 self-corr.)	52	3	1	Impaired
DKEFS: Word Reading (Errors: 0)	30	8	25	Average
DKEFS: Color-Word Inhibition (Errors: 5 uncorr., 2 self-corr.)	121	2	0.4	Impaired
DKEFS: Color-Word Inhibition/Switching (Errors: 1 self-corr.)	126	4	2	Impaired

<b>Wisconsin Card Sorting Test</b>				
Categories Completed	2/6	-	>16	WNL
Total Errors	34	T = 35	6	Borderline
Perseverative Errors	16	T = 41	19	Low Average
Conceptual Level Responses	21	T = 36	8	Borderline
Trials to Complete 1 <sup>st</sup> Category	12	-	>16	WNL
<b>Functional Living Measures</b>	<b>Raw</b>	<b>Z-score</b>	<b>%ile</b>	<b>Interpretation</b>
<b>TFLS</b>				
Time Total	6	-	10-16	Low Average
Money and Calculation Total	5	-	3-9	Borderline
Communication Total	24	-	17-25	Low Average – Average
Memory Total	5	-	26-50	Average
TFLS Total	40	T = 36	8	Borderline
<b>Sensorimotor Functioning</b>	<b>Raw</b>	<b>Z-score</b>	<b>%ile</b>	<b>Interpretation</b>
<b>Grooved Pegboard Test</b> (Heaton, 1986)				
Dominant (Right; Drops: 0)	77	0.30	61	Average
Non-Dominant (Left; Drops: 2)	110	-0.84	19	Low Average
<b>Emotional Functioning</b>				
BDI-II	16	-	-	Mild
BAI	4	-	-	Normal to Minimal
<b>Objective Measures</b>				
Functional Activities Questionnaire	10	-	-	Exceeds cut-off
AD8 Dementia Screening Interview	6	-	-	Exceeds cut-off

\*Percentile interpreted in the inverse direction.

\*\* Test Administration Discontinued (D/C). Patient unable to do

^^100% of normative group in patient's age range scored better than patient on this task

WNL: Within Normal Limits